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from **WILLIAM A. JIVIDEN**Direct: 937-449-6448 / Fax: 937-223-0724 / william.jividen@dinsmore.com**To:** Examiner Lois L. Zheng**Firm:** MAIL STOP AMENDMENT
COMMISSIONER FOR PATENTS**Fax Number:** 571/273-8300**Client Number:** UVD 0280 IA/40815.398**Pages:** 67
(including cover)**Comments:** OFFICIAL OFFICIAL OFFICIAL

Applicant(s) : Phelps, et al.
Serial No. : 10/625,915
Filed : July 23, 2003
Title : NON-TOXIC CORROSION-PROTECTION
CONVERSION COATS BASED ON RARE EARTH ELEMENTS
Docket No. : UVD 0280 IA / UD 268
Examiner : L. Zheng
Art Unit : 1742

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PTO/SB/17 (12-04)

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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Effective on 12/09/2004.
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FEE TRANSMITTAL For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **260.00**

Complete if Known

Application Number **10/625,915**
Filing Date **July 23, 2003**
First Named Inventor **Andrew W. Phelps**
Examiner Name **Lois L. Zheng**
Art Unit **1742**
Attorney Docket No. **UVD 0280 IA/UD 268**

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims _____ **Extra Claims** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____ **Multiple Dependent Claims** _____
 - 20 or HP = _____ x _____ = _____ **Fee (\$)** _____ **Fee Paid (\$)** _____
 HP = highest number of total claims paid for, if greater than 20
Indep. Claims _____ **Extra Claims** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____
 - 3 or HP = _____ x _____ = _____
 HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets _____ **Extra Sheets** _____ **Number of each additional 50 or fraction thereof** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____
 - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)
Other: Terminal Disclaimers (2)

260.00

SUBMITTED BY

Signature _____	Registration No. 42,695 (Attorney/Agent)	Telephone (937) 449-6400
Name (Print/Type) William A. Jividen	Date 05/11/2006	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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First Named Inventor	Andrew W. Phelps
Examiner Name	Lois L. Zheng
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Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
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